

Oral Surgery: Alveoloplasty and Vestibuloplasty

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Effective Date: October 1, 2023

[Instructions for Use](#)

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Related Dental Policies

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- [Oral Surgery: Non-Pathologic Excisional Procedures](#)

Related Medical Policy

- [Cosmetic and Reconstructive Procedures](#)

Coverage Rationale

Alveoloplasty

Alveoloplasty is indicated for the following:

- For bone recontouring and smoothing as part of the tooth extraction process
- For bone recontouring and smoothing as a standalone procedure prior to fixed or removable prosthetic construction
- To provide stability for implant placement
- For debulking procedures for pathologic conditions of the bone

Alveoloplasty is not indicated for the following:

- When removing bone would harm vital structures
- When there is diminished volume or atypical architecture of bone
- For individuals who have undergone radiation therapy to the head and neck
- For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response

Vestibuloplasty

Vestibuloplasty is indicated for the following:

- Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction
- To complement and complete osseous procedure when reconstructing edentulous bone
- To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement
- For overall stability of a dental implant and the maintenance of bone health around an implant

Vestibuloplasty is not indicated for the following:

- For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response
- When there is minimal alveolar ridge height
- For individuals who have undergone radiation therapy to the head and neck

Definitions

Alveoloplasty: Surgical procedure for recontouring supporting bone, sometimes in preparation for a prosthesis. (ADA)

Vestibuloplasty: Any of a series of surgical procedures designed to increase relative alveolar ridge height. (ADA)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

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CPT Code	Description
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899	Unlisted procedure, vestibule of mouth
41874	Alveoloplasty, each quadrant (specify)

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Description of Services

Alveoloplasty is a surgical procedure to recontour and/or smooth out the alveolar bone. This is usually done in areas where teeth have been extracted and there is uneven or sharp edges, to facilitate an optimal foundation for tooth replacement procedures such as removable and fixed prostheses, and implants.

Vestibuloplasty is a surgical procedure designed to restore alveolar ridge height by lowering muscles attaching to the alveolar bone. It is most often seen when preparing the mouth for dentures or an implant.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

References

American Dental Association (ADA) CDT Codebook 2023.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

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Drew, Stephanie Joy. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 13, Alveoloplasty; p. 113-119.

Murdoch-Kinch CA, Zwetchkenbaum S. Dental management of the head & neck cancer patient treated with radiation therapy. Today's FDA. 2011 Sep-Oct;23(6):40-3.

National Institute of Dental and Craniofacial Research. Oral Complications of Cancer Treatment: What the Dental Team Can Do.

Perciaccante, Vincent J. and Farish, Sam E. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 18, Vestibuloplasty; p. 153-169.

Guideline History/Revision Information

Date	Summary of Changes
10/01/2023	<p data-bbox="337 489 594 520">Coverage Rationale</p> <ul data-bbox="337 525 1125 556" style="list-style-type: none"><li data-bbox="337 525 1125 556">• Removed content addressing coverage limitations and exclusions <p data-bbox="337 560 643 592">Supporting Information</p> <ul data-bbox="337 596 1138 657" style="list-style-type: none"><li data-bbox="337 596 1138 627">• Updated <i>References</i> section to reflect the most current information<li data-bbox="337 632 886 657">• Archived previous policy version DCG028.08

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.